



801 Program Guidance

Part I: Human Immunodeficiency Virus (HIV) Prevention SLIMs

Human Immunodeficiency Virus (HIV) School Level Impact Measures (SLIMs)

HIV SLIM 1

The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:

- The differences between HIV and AIDS.
- How HIV and other STD are transmitted.
- How HIV and other STD are diagnosed and treated.
- Health consequences of HIV, other STD, and pregnancy.
- The benefits of being sexually abstinent.
- How to prevent HIV, other STD, and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
- The influences of media, family, and social and cultural norms on sexual behavior.
- Communication and *negotiation* skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Compassion for persons living with HIV or AIDS.

HIV SLIM 2

The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12:

- The relationship among HIV, other STD, and pregnancy.
- The relationship between alcohol and other drug use and risk for HIV, other STD, and pregnancy.
- The benefits of being sexually abstinent.
- How to prevent HIV, other STD, and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
- The influences of media, family, and social and cultural norms on sexual behavior.
- Communication and *negotiation* skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.

HIV SLIM 3

The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12:

- Efficacy of condoms, that is, how well condoms work and do not work.
- The importance of using condoms consistently and correctly.
- How to obtain condoms.
- How to correctly use a condom.

HIV SLIM 4

The percentage of schools that deliver HIV, STD, or pregnancy prevention *programs* (including after school or supplemental programs) that meet the needs of ethnic/racial minority youth *at high risk* (e.g., black, Hispanic, or American Indian youth) by doing all of the following:

- Providing curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.
- Providing curricula or supplementary materials in the primary languages of the youth and families.
- Facilitating access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community.
- Facilitating access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community.
- Requiring *professional development* for school staff on HIV, STD, and pregnancy prevention issues and resources for these youth.

HIV SLIM 5

The percentage of schools that provide parents and families health information to increase parent and family knowledge of HIV prevention, STD prevention, and teen pregnancy prevention.



HIV SLIM 6

The percentage of schools in which students' family and community members have helped develop or implement HIV prevention, STD prevention, or teen pregnancy prevention *policies and programs*.

HIV SLIM 7

The percentage of schools in which the lead health education teacher received *professional development* during the past two years on all of the following:

- Describing how widespread HIV and other STD infections are and the consequences of these infections.
- Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.
- Identifying populations of youth who are at high risk of being infected with HIV and other STDs.
- Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.

HIV SLIM 8

The percentage of schools in which the lead health education teacher received *professional development* on at least six of the following during the past two years:

- Teaching HIV prevention to students with physical, medical, or cognitive disabilities.
- Teaching HIV prevention to students of various cultural backgrounds.
- Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities.
- Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.
- Teaching about health-promoting social norms and beliefs related to HIV prevention.
- Strategies for involving parents, families and others in student learning of HIV prevention education.
- Assessing students' performance in HIV prevention education.
- Implementing standards-based HIV prevention education curricula and student assessment.
- Using technology to improve HIV prevention education instruction.
- Teaching HIV prevention to students with limited English proficiency.
- Addressing community concerns and challenges related to HIV prevention education.

HIV SLIM 9

The percentage of schools that follow a policy or policies that address all of the following issues:

- Attendance of students with HIV infection.
- Procedures to protect HIV-infected students and staff from discrimination.
- Maintaining confidentiality of HIV-infected students and staff.

HIV SLIM 10

The percentage of schools that implement HIV, other STD, and pregnancy prevention strategies that meet the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth by doing all of the following:

- Providing curricula or supplementary materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (e.g., curricula or materials that use inclusive language or terminology).
- Identifying “safe spaces” such as a counselor’s office, designated classroom, or student organization where LGBTQ youth can receive support from administrators, teachers, or other school staff.
- Prohibiting harassment based on a student’s perceived or actual sexual orientation or gender identity
- Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth.
- Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.
- Encouraging staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.